USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

JO15

| DEFENDANT | COURT CASE NUMBER Misc No. 2:08 mc-3384 WKW |
|--|---|
| · | TYPE OF PROCESS |
| Oon Moore | Application Instructions, Notice, Writ |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION. | RIPTION OF PROPERTY TO SEIZE OR CONDEMN |
| SERVE D Eyemart Express LTD | |
| AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) | |
| 2110 Hutton Drive, Suite 100, Carrollton, TX 75006 | f |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | Number of process to be |
| | served with this Form 285 |
| U.S Attorney Office | Number of parties to be |
| Attn: M. Tunnell RETURNED AND FILED | served in this case 2 |
| 10 Dox 197 | |
| Montgomery, AL 36101 | Check for service on U.S.A. |
| | Oil O.S.A |
| | ICE (Include Business and Alternate Addresses, |
| All Telephone Numbers, and Estimated Times Available for Service): | Fold |
| CLERK 1 1997 1998 | F00 |
| U.S. DISTRICT COURT | |
| MIDDLE DIST. OF ALA. | |
| and the state of | |
| | |
| Signature of Attorner other Originator requesting service on behalf of: PLAINTIFF TE | LEPHONE NUMBER DATE |
| | 34-223-7280 |
| | |
| SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT | |
| | ed USMS Deputy or Clerk Date |
| number of process indicated. (Sign only for USM 285 if more) Origin Origin | 1/14/1 |
| than one USM 285 is submitted)NoNoNoNo | 400 1/14/0 |
| I hereby certify and return that I have personally served, have legal evidence of service, have ex on the individual, company, corporation, etc., at the address shown above on the on the individual, company | ecuted as shown in "Remarks", the process described y, corporation, etc. shown at the address inserted below. |
| | |
| t bereby certify and return that I am unable to locate the individual company corporation, etc. named a | |
| I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named all Name and title of individual served (if not shown above) | A person of suitable age and discretion |
| | A person of suitable age and discretion then residing in defendants usual place |
| | A person of suitable age and discretion then residing in defendants usual place of abode |
| | Date Time |
| Name and title of individual served (if not shown above) Mary Jo Samuelson (AD) Khirlanin Otto | Date Time |
| Name and title of individual served (if not shown above) Mary Jo Samuelson (AD) Khirlanin Otto | Date Time 21. Felio8 Passignature of U.S. Marshal or Deputy |
| Name and title of individual served (if not shown above) Mary Jo Samuelson (AD) Khirlanin Otto | Date Time 925 7 |
| Name and title of individual served (if not shown above) Mary To Sawuelson (A) Chirle Ann Office Address (complete only different than shown above) Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits | Signature of U.S. Marshal or Deputy Marshal or Ohnseles Amount owed to U.S. Marshal* or |
| Name and title of individual served (if not shown above) Mary Jo Sawuelson (A) Khirldain Office Address (complete only different than shown above) | Signature of U.S. Marshal or Deputy Mark C. Marshal |
| Name and title of individual served (if not shown above) Mary To Sawuelson (A) Chirle Ann Office Address (complete only different than shown above) Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits | Signature of U.S. Marshal or Deputy Marshal or Ohnseles Amount owed to U.S. Marshal* or |
| Name and title of individual served (if not shown above) Mary To Sawuelson (A) Chirle Ann Office Address (complete only different than shown above) Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits | Signature of U.S. Marshal or Deputy Amount owed to U.S. Marshal* or (Amount of Refund*) |
| Name and title of individual served (if not shown above) Mary Jo Sawuelson (A) Chirledin Ott Address (complete only different than shown above) Service Fee Total Mileage Charges including endeavors) Builes Total Charges Advance Deposits | Signature of U.S. Marshal or Deputy Amount owed to U.S. Marshal* or (Amount of Refund*) |

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

